



UPDATE

NON-EMERGENT ER USE PROJECT

On a quarterly basis, the Quality Improvement Division reviews Medicaid claim data for Maine Medicaid Members with an emergency room visit within the given quarter that had one or more of the following four diagnoses: cough and cold, flu, sore throat and ear ache. The data is then compiled into Maine Medicaid members who have had two or more emergency room visits in a quarter with the given diagnosis and those who have repeated visits between each quarter. The members who have appeared for only one quarter receive a letter with educational symptom sheets. The members with repeat visits per quarter receive phone call education, a follow up letter and symptom sheets. These symptom sheets include:

- A list of some of the symptoms that can be expected to appear with the diagnosis
- How to handle some of the lesser symptoms
- When it is necessary to call the primary care provider

A case head is identified as the

individual responsible for the care of a family member. In many situations the case head may visit the emergency room once and each of the two children may visit once. The Quality Improvement Division would count this as more than one visit and provide follow-up with the family. If, in the next quarter, an individual or case head appears again, then a telephone call is made to the household with specific telephone protocol used for educational purposes.

In situations where the Quality Improvement Division is unable to reach members by phone, an individualized educational letter is developed. This letter provides the member with the symptom sheets and education specific to the member's recent emergency room visit. Members may contact the Quality Improvement Division at any time to answer questions or provide assistance in obtaining services that may prevent use of the emergency room for one of the four diagnoses.

During the telephone contact members are reminded of the importance of using their primary care provider for these

illnesses. They are reminded that the primary care provider is knowledgeable about their specific health needs and has their chart at hand in the office. We try to instill confidence in the use of the primary care provider as the most reasonable source of health care as the patient's health history is with the provider.

If members have been provided education by Quality Improvement Division, HealthWorks and/ or the provider and continues to use the ER inappropriately a referral will be made to the recipient restriction program. In this program Maine Medicaid will not pay for inappropriate emergency room use and the members becomes liable for expenses.

Providers may refer members to the Quality Improvement Division at any time. The Health Benefits Advisor has "Member Education Referral Forms" available to providers needing to make referrals. In addition, referrals may be faxed to the Quality Improvement Division at (207) 287-1157. You may also call (207) 287-1068, or 1-800-566-3818, ext. 71068.

MAINE DEPARTMENT OF HUMAN SERVICES

Kevin W. Concannon, Commissioner • Bureau of Medical Services • Quality Improvement Division
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To receive this newsletter by mail, contact Faye Patterson at 207-287-4827

ADULT IMMUNIZATION UPDATE

The Bureau of Medical Services has entered into an agreement with the Bureau of Health to supply Pneumonia and Influenza vaccine to all patients regardless of payment source or provider type. BMS evaluated the cost of supplying the vaccine verses paying for the illness associated with the disease process and it was found to be cost neutral.

The Bureau of Health requests that all providers notify them prior March of 2003 to let them know the amount of vaccine they will need to cover the upcoming season. The Bureau of Health has Pneumonia Vaccine on hand, which can be given at any point during the year. Pneumonia has no seasonal limitations and the CDC recommends vaccines be given at anytime during the course of a year.

The Quality Improvement Division will be mailing a roster list to each nursing facility within the next month. This list will include the names of residents, the Medicaid ID number, and date of pneumonia vaccine (if known). Nursing facilities are required to complete the missing information (and verify the information provided is correct) by December 2001, and return the list to the Quality Improvement Division. The QI Division will enter the immunization status of residents into a database system. If a nursing facility is unsure if a resident has had a vaccine, the facility may call the QI Division to verify.



Things you should know:

Pneumonia and Influenza vaccine is available to Physician offices, health clinics, nursing facilities, residential care facilities, and home health agencies through the Bureau of Health. Please contact the Bureau of Health at 1-800-467-4475

When administering vaccines you must supply the Bureau of Health with a list of individuals immunized with their date of birth, age, sex, Medicaid ID number, and social security number.

The Centers for Disease Control recommend that if a person is unsure of their Pneumonia immunization status then administer the vaccine.

Nursing Facilities are required by Medicaid Rule to report all Pneumonia and Influenza vaccine statuses to the Quality Management Unit. Patient rosters will be mailed to facilities with a listing of patient's immunization status (if known), in September. All Licensed Nursing Facilities will be required to have this form completed and returned to the Quality Management Unit by January 1, 2002.

The Bureau of Health has booklets and posters available to all providers free of charge. Order forms have been included in this mailing packet.

OUT OF STATE SERVICES

Out-Of-State Services must be requested prior to provision. To request prior authorization:

1. Each eligible member must be currently under the care of a licensed physician practicing in the State of Maine, or within fifteen (15) miles of the Maine/New Hampshire border, or within five (5) miles of the Maine/Canadian border.
2. The request for authorization prior to provision or prior authorization must be made by the Maine physician and other providers expecting to receive reimbursement for services provided out-of-state.
3. The request must be made at least thirty (30) calendar days prior to the date medical care/services are to be provided in another state. The only exception would be for medical or behavioral health emergency cases. In cases of such an emergency, the prior authorization decision will be made as soon as necessary to relieve the emergency. Emergency cases will be given special consideration and should be so identified by the physician requesting approval. Telephone requests, which must be followed by written materials, will be accepted only in emergency situations.
4. Physician's letter must include:
 - a. Patient's name;
 - b. Patient's Medicaid identification number;
 - c. Diagnosis (describe diagnostic studies and treatment completed to date along with results, and clinical records upon which the request for out-of-state referral has been made). Send clinical records to support diagnosis and referral;
 - d. Names of physicians and/or facilities to whom the patient has previously been referred in Maine for diagnosis and/or treatment. Send second opinion documentation;
 - e. Physicians consulted by attending physician relative to availability of diagnosis and/or recommended treatment in Maine. Send second opinion supporting out-of-state referral;
 - f. Recommended treatment or further diagnostic work;
 - g. Reasons why medical care cannot be provided in Maine or the next closest location outside the State; and
 - h. Names of physicians and facility outside Maine to provide services and date of appointment if known.

QUALITY IMPROVEMENT DIVISION WEB PAGE

The Quality Improvement Division is working to update its internet site. This site will contain information regarding services provided under the Division. The web page will have information and contact persons listed for the following units:

- Surveillance and Utilization Review
- Professional Claims Review (Prior Authorization)
- Classification/ Case Mix
- Pharmacy
- Maine PrimeCare
- Quality Management/ Benefits Management

The web page will include such items as project descriptions and evaluations for each project being

undertaken by the Division. The web page will contain information and copies of forms used by the various units within the Division, (such as referral forms for the narcotic and education projects).

Maine Primary Care Provider quarterly newsletters may also be available on the web page. The Quality Improvement Division would like to make information available and readily accessible to providers and interested parties. If you have any suggestions for items that should be included on the Quality Improvement web page please feel free to contact the Division at 1-800-566-3818 ext 79191.

The Quality Improvement Division web page can be found at www.state.me.us/bms/general.html.

BLOOD LEAD SCREENING RATES

Medicaid Lead Testing rates among FP/GPs and Pediatricians, 1/01/2000 - 12/31/2000.

Rank	Family Practice/GP	Age One	% with 1+ Test
1	Patrick J. Connolly	11	72.7%
2	Laurie C. Churchill	17	64.7%
3	Spiros P. Lazas	13	61.5%
4	Deborah A. Learson	22	59.1%
5	Paul J. Davis	19	57.9%
6	Noah Nesin	16	56.3%
7	Mark H. Rolerson	11	54.5%
8	Timothy Theobald	13	53.8%
9	Eugene P. Paluso	26	20.0%
10	Kamlesh N. Bajpai	12	50.0%

Rank	Family Practice/GP	Age Two	% with 1+ Test
1	H.H. Atkins II	10	60.0%
2	Noah Nesin	15	46.7%
3	A Dorney	18	38.9%
4	Timothy Theobald	11	36.4%
5	Armand Auger	12	33.3%
6	Paul J. Davis	10	30.0%
7	Gust S. Stringos	14	28.6%
8	Elizabeth Pierce	11	27.3%
9	Nicole Cherbuliez	12	25.0%
10	Michael Lambake	16	25.0%

Rank	Pediatrics	Age One	% with 1+ Test
1	Leslie L. Doolittle	11	76.5%
2	Gautam S. S. Popli	58	75.9%
3	Scott J. Clough	28	71.4%
4	Ann P. Simmons	41	70.7%
5	Gautam S. S. Popli	47	68.1%
6	John A. Salvato	82	67.1%
7	C.E. Danielson	24	66.7%
8	Maria S. J. Noval	18	66.7%
9	Iris Silverstein	59	66.1%
10	Lila H. Monahan	78	62.8%

Rank	Pediatrics	Age Two	% with 1+ Test
1	Eileen Poulin	11	54.5%
2	Ann P. Simmons	19	52.6%
3	George B. Payne	12	50.0%
4	Gautam S. S. Popli	26	50.0%
5	Iris Silverman	33	45.5%
6	Lila H. Monahan	47	44.7%
7	Carol Mansfield	27	44.4%
8	Lori Eckerstorfer	25	44.0%
9	Norman H. Seder	20	40.0%
10	C. Elizabeth Trefts	10	40.0%

REPORT FROM THE CASE MIX/ CLASSIFICATION REVIEW UNIT

The Case Mix/Classification Review Unit is responsible for ongoing monitoring of the combined Medicaid/Medicare reimbursement and Quality Assurance System throughout the state of Maine. The Unit utilizes a HCFA mandated, standardized, universal assessment tool (Minimum Data Set 2.0 - 9/2000 version) for all long-term care Nursing Facility residents. The Case Mix Unit analyzes and audits specific assessment data to manage the integrity of the Case Mix Classification System which is the basis of payment for all Medicaid Nursing

Facility residents.

The Case Mix Unit is also responsible for the ongoing development, implementation, education, and evaluation of a case mix system for Level II Cost Reimbursed Assisted Living Facilities. Principles for the "Case Mix Payment System" were distributed and a public hearing was held on July 20. The Principles are effective on August 1 with a retroactive date of July 1, 2001.

Registered Nurses visit all Nursing Facilities and Level II Assisted Living Facilities to determine the accuracy of the assessment data.

PHARMACY UNIT NEWS

Pharmacy Resource Notebooks were recently sent out to all Maine Medicaid prescribers and retail pharmacies. It has information on Maine Medicaid Prior Authorization, Healthy Maine Prescriptions, and the Low Cost Drugs for the Elderly and Disabled. Sample applications and brochures included in it may be re-ordered for distribution to patients. The policies for these benefits, which were just finalized, will be sent separately. All three benefits now use the same rules for covered services, days supply, prior authorization, and medical necessity. Rules can be found on the state web site at www.state.me.us/sos/cec/rcn/apa/10/ch101.htm.

The Medicaid pharmacy benefit is at Ch. II, Section 80,

Healthy Maine Prescriptions and the Low Cost Drugs for the Elderly are at Ch. IX. Pharmacy prior authorization forms can be found online at www.ghsinc.com. These include telephone numbers for information and faxing. Please help avoid errors and submit forms fully completed.

One of the advisory committees to the Bureau is the Drug Utilization and Review (DUR) Committee. Members of this group meet usually on the second Tuesday of the month. Meeting dates and agendas are posted on the web site <http://www.state.me.us/bms/news.html>. Public comment period generally is from 6:30 to 7pm. Meetings take place at GHS Data Management, off I-95 exit 31(a), in Augusta.

CHRONIC PAIN MANAGEMENT PROGRAM OVERVIEW

In the fall of 2000, the Quality Improvement Division began receiving quarterly reports on recipient narcotic utilization patterns. Through tracking and trending of these reports it was noted that over 1,000 recipients in any given quarter were obtaining narcotic prescriptions from 3 or more different prescriber. These prescriptions may be filled at multiple pharmacies and may include narcotic prescriptions obtained from multiple emergency room visits.

The Quality Improvement Division determined that this practice of receiving multiple narcotic prescriptions from various providers not familiar with the recipient's medical health placed the recipient at great risk. This risk may include additional health problems and potential death due

to overdose. Based on these concerns the Quality Improvement Division developed a voluntary option for recipients. In this option the recipient selects a primary prescriber, preferably a primary care provider who will manage the recipient's medical condition. The Quality Improvement Division staff assists the recipient with selecting a primary care provider and obtaining the needed services to evaluate the recipient's chronic pain. These services may include obtaining a specialist evaluation on chronic pain, receiving needed

durable medical equipment to help relieve or control pain and educational services on the appropriate use of pain medication. In addition the Quality Improvement Division has developed a database which contains a current list of providers who specialize in chronic pain management and substance abuse. This database will allow staff to help coordinate services between providers and recipients.



To date the voluntary program has received over 100 referrals from providers regarding recipient narcotic use, and has sent out 1160 letters to recipients with 3 or more prescribers, informing the recipient of the voluntary option. The Quality Improvement Division has enrolled 31 recipients into the new voluntary program.

The Quality Improvement Division also enrolls recipients into a restriction program that may include the restriction of emergency room, medications and providers. This is an involuntary program and

is used when the recipient has been found to be abusing pain medication. As of July 2001, the QI Division is reviewing 41 recipients for full restriction.

In addition to monitoring the drug utilization patterns of recipients, the Quality Improvement Division monitors the prescribing patterns of Medicaid providers. In the past year the Quality Improvement Division has found several providers with dangerous

prescribing patterns. When a provider is identified as having abnormal prescribing patterns, the Quality Improvement Division and the Bureau Medical Director will conduct a review of recipient medical records. If provider education is required, the Bureau Medical Director and the QI staff will work

with the provider to provide the needed support.

The Quality Improvement Division is developing a report, which will be sent to providers on a quarterly basis regarding recipient's narcotic utilization patterns. This report will inform the primary prescriber whether changes in the recipient's narcotic use have occurred.

The Quality Improvement Division will continue to obtain baseline data on the effectiveness of these interventions through the upcoming year.

MEMBER EDUCATION REFERRAL FORMS

The Quality Improvement Division and its partners have been working with Maine Medicaid members to provide additional education on the importance of having a primary care provider to coordinate services and care. It is the goal of the Bureau of Medical Services to ensure Maine PrimeCare members receive quality services from one primary care provider. Consequently, the QI Division has recognized the need for member education in many areas of health care and services.

In an effort to improve and assist with member education and support, HealthWorks has made available to providers "Member Education Referral Forms". If there is a Maine PrimeCare member that you are having difficulty with, or feel needs additional education or

support beyond what you have been able to provide, this form can be used to let us know. By using this form you are making us aware of any problems, issues, or educational needs. In addition, the Quality Improvement Division is monitoring, quarterly, member behavior in the areas of emergency room and pain medication use.

The Member Education Referral Form is very easy and quick to complete. The form requires:

- member name,
- Medicaid ID number,
- provider name and telephone number, and;
- a check off list of the most common problems and an area for comments.

The Member Education Referral Forms are available by contacting the Health Benefits

Advisor provider services unit at 1-800-977-6740 or 621-2300.

Your support and communication together with our efforts will help to educate our members about the benefits of primary care.

Did you know...

BMS nurses review each BF19 form for needed follow-up. "No-Show" is a follow-up. We send "No-Shows" to our member Services Team. From there the parent or guardian is contacted to educate her/him about their responsibility in either keeping or rescheduling medical appointments.

Report "No-Shows" on the BF19 form. Fill out the heading in full. Write "No-Show" in the comments section and send it to us, either by a paper form or electronically through ImmPact. We'll take it from there.

HMO SURVEY PROJECT

In 1998, the Bureau of Medical Services began working in conjunction with the Bureau of Insurance to develop a tool to assist in the evaluation of commercial health maintenance organizations (HMO) for compliance with Insurance Rule 850, M.R.S.A. 56A and the Bureau of Medical Services Rule, Chapter 109. In the fall of 2000, the data collection tool was finalized and construction of a database system began. The database system will be designed to produce reports that allow for the comparison of HMO's between each review and each other. These reports are targeted for completion on the fall of 2002.

In December of 2000, the Oversight team was present for a National Committee for Quality Assurance (NCQA) for an HMO in Maine. This

opportunity allowed the State team to review materials and learn more about reviewing HMO's. A State specific survey was conducted in June of 2000, which reviewed the plan for standards or elements that are specific to the State of Maine.

This project has provided staff with valuable lessons in how quality improvement initiatives impact the commercial population in Maine. In addition it has allowed BMS staff the opportunity to learn how to implement, evaluate, track and trend quality projects within Maine Medicaid. The Quality Improvement Division will use these lessons learned when developing, implementing and evaluating quality improvement projects throughout the Bureau of Medical Services.

HEALTHY MAINE PRESCRIPTIONS

On June 1, 2001, the Bureau of Medical Services implemented the Healthy Maine Prescriptions drug discount benefit. Since that date, there have been 58,226 members enrolled to receive savings on prescription drugs. Of that number, 32,047 also qualified for the additional state funded Low Cost Drugs for the Elderly and Disabled benefit. The integration of the Low Cost Drugs for the Elderly and Disabled with the Healthy Maine Prescriptions benefit has enhanced the benefit to members by offering the lowest possible discount price for prescription drugs.

There has been some confusion for members receiving the Low Cost Drugs for the Elderly and Disabled benefit



around the need to complete applications each year with Maine Revenue Services. In order to receive the Low Cost Drug benefit, members must reapply with Maine Revenue Services using the Rent Rebate applications provided in August of each year. If a

member completes the Maine Revenue Service application and is found eligible, he/she are automatically eligible for the Healthy Maine Prescriptions benefits.

Prescription drugs requiring prior authorization under the Medicaid Program also require prior authorization under Healthy Maine Prescriptions and Low Cost Drugs for the Elderly and Disabled benefits. Pharmacists have the ability to do a one-time override of the system to allow a prescription needing a prior authorization to be filled. Prescribers will need to complete the necessary forms requesting a prior authorization before the prescription can be refilled.

PROVIDER CAPACITY SURVEY

In the summer of 2001, the Quality Improvement Division began working with providers to determine the availability of primary care providers within the State of Maine. The Bureau of Medical Services has a goal to assist Maine citizens in finding a primary care provider who is willing to coordinate care and services for children and adults.

The Quality Improvement Division has determined that there are areas in Maine that have limited or no access to primary care providers. In an effort to determine what services are available and to assist cit-

izens in finding a primary care provider, a survey has been developed. This survey was designed to determine if providers currently practicing within Maine are willing to accept additional patients. There are additional questions that ask if providers are willing to work together to establish a network to coordinate services for those areas in Maine with limited or no access.

The survey will be mailed to provider offices in October of 2001. We ask all providers and office staff to take the time and complete this two-page survey. The results of this survey will

assist the Bureau of Medical Services in evaluating provider access, and help the Bureau focus services in areas of most need. The Bureau would like to thank all primary care providers for the care and services provided to all Maine citizens over the past few years.

If you have any questions regarding the October survey, or wish to participate in networking to improve services, contact the Quality Improvement Division at (207) 287-9191, toll free at 1-800-566-3818 ext. 79191, or by fax at 287-1157.



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In Accordance with Title VI of the Civil Rights Act of 1964 (42 USC § 1981, 2000d et. seq.) Section 504 of the Rehabilitation Act of 1973, as amended (29 USC § 794), the Age of Discrimination Act 1975, as amended (42 USC § 12131 et. seq.), and Title IX of the Education Amendments of 1972, (34 CFR Parts 100, 104, 106 and 110), the Maine Department of Human Services does not discriminate on the basis of sex, race, color, national origin, disability or age in admission or access to or treatment or employment in its programs and activities. Ann Twombly, Civil Rights Compliance Coordinator, has been designated to coordinate our efforts to comply with the US Department of Health and Human Services regulations (45 CFR Parts 80, 84 and 91), the Department of Justice regulations (28 CFR Part 35), and the US Department of Education regulations (34 CFR Part 106), implementing these Federal laws. Inquiries concerning the application of these regulations and our grievance procedures for resolution of complaints alleging discrimination may be referred to Ann Twombly at 221 State Street, Augusta, Maine 04333, Telephone number: (207) 287-3488 (voice) or 800-332-1003 (TDD), or Assistance Secretary of the Office of Civil Rights of the applicable department (e.g. the Dept. of Education), Washington, D.C.
